

ACCOUNT FOR DECEDENT'S ESTATE
COMMONWEALTH OF VIRGINIA

Court File No. _____

Circuit Court of _____

Estate of _____, Deceased Date of decedent's death _____

Type of Fiduciary: ☐ Executor ☐ Administrator of intestate ☐ Administrator, c.t.a. ☐ Curator

Name of fiduciary _____ Day telephone _____

Mailing address _____

Name of other fiduciary _____ Day telephone _____

Mailing address _____

This is account number ☐ one ☐ two ☐ three ☐ _____ Is this a final account? ☐ yes ☐ no

From _____ (date of qualification or end of last account) to _____ (end of this account)

ACCOUNT SUMMARY

- | | |
|---|-----------------|
| 1. Beginning Assets (from Parts 1 and 3 of the inventory or from the prior account) | \$ _____ |
| 2. Receipts (attach itemized list) | _____ |
| 3. Gains on Asset Sales (attach itemized list) | _____ |
| 4. Adjustments (attach itemized list) | _____ |
| 5. Total of 1, 2, 3 and 4 (must equal Total in Line 10) | \$ <u>_____</u> |
| 6. Disbursements for Debts & Expenses (attach itemized list) | \$ _____ |
| 7. Losses on Asset Sales (attach itemized list) | _____ |
| 8. Distributions to Beneficiaries (attach itemized list) | _____ |
| 9. Assets on Hand (attach itemized list) | _____ |
| 10. Total of 6, 7, 8, and 9 (must equal Total in Line 5) | \$ <u>_____</u> |
| Market Value of Assets on Hand | \$ _____ |

1. I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described, and if this is a final account, that to the best of my (our) knowledge all taxes have been paid and provided for.

2. I (we) also certify and affirm that **(choose one)**:

A. ☐ On or before the date of filing this Account with the Commissioner of Accounts, I (we) sent a copy of it by first class mail to every person entitled to a copy, pursuant to Virginia Code Section 26-12.4, who made a written request therefor. The names and addresses of the persons to whom copies were sent and the dates they were mailed are shown on Page 2.

or

B. ☐ No person entitled to a copy of this Account pursuant to Virginia Code Section 26-12.4 made a written request therefor.

Date _____ Fiduciary's Signature _____

Date _____ Fiduciary's Signature _____

Certificate of Mailing

I, the undersigned, do hereby certify that I have mailed a copy of the foregoing ACCOUNT FOR DECEDENT'S ESTATE to the following individuals on this the _____ day of _____ 20_____

Executor/Administrator

Executor/Administrator

Executor/Administrator

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

Name of Recipient		
Address		
City	State	ZIP

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Address		
City	State	ZIP

Add pages as necessary.